



SEASONAL EMPLOYMENT APPLICATION INSTRUCTION SHEET

1. Type or print (in ink) all information on the application above the office use only section, filling it out neatly and completely.
2. Provide complete and accurate information about your training and experiences as it relates to the job for which you are applying. Attach additional sheets if necessary.
3. When filling out the application, please include a phone number where you can be reached during business hours.
4. A list of seasonal jobs and locations of employment can be found on the DEP website at www.ct.gov/dep/jobs.
5. Applications for DEP seasonal positions may be brought to or mailed to the park where you wish to work and/or the bureau/division location identified in the position announcement. If a mailing address is not indicated, applications should be mailed to DEP, Affirmative Action Office, 79 Elm Street, Hartford, CT 06106.
6. Retain a copy of the application for your records. The Department of Environmental Protection is an affirmative action/equal opportunity employer, providing programs and services in a fair and impartial manner. In conformance with the Americans with Disabilities Act, DEP makes every effort to provide equally effective services for persons with disabilities. Individuals with disabilities needing auxiliary aids or services, accommodations to participate in a listed event, or those needing more information by voice or TTY/TDD should call (860) 424-3000.



CT DEPARTMENT OF ENVIRONMENTAL PROTECTION

SEASONAL EMPLOYMENT APPLICATION

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

Position(s) you are applying for:		<input type="checkbox"/> Resource Assistant		Other Seasonal Positions (please specify): (See the DEP website (www.ct.gov/dep/jobs) for a listing of other seasonal positions)											
Park Positions:		<input type="checkbox"/> Clerical/Office													
<input type="checkbox"/> Lifeguard		<input type="checkbox"/> Maintenance													
<input type="checkbox"/> EMT		<input type="checkbox"/> Interpretive													
		<input type="checkbox"/> Park Patrol/Assistance													
Last Name:		First:		Middle Initial:											
Address:		Apt:	City:	State:	Zip:										
Home Phone:		School/Other Phone:		Email Address:											
Do you have a driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>			Type of license:												
Have you ever been employed by the State of Connecticut? Yes <input type="checkbox"/> No <input type="checkbox"/>			If you are less than 18 years of age, enter your age:												
Have you previously retired from State of CT? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, have you been employed in any other capacity since your date of retirement? Yes <input type="checkbox"/> No <input type="checkbox"/>												
			Dates of Employment:												
Date available to work:			Willing to travel up to miles.												
For summer positions: Are you available to work through Labor Day? Yes <input type="checkbox"/> No <input type="checkbox"/> If not , what is your last available workday?															
Circle the highest grade completed:	7	8	9	10	11	12	GED	13	14	15	16	17	18	19	20
	High School							College				MS/PhD			
School Name and Location			Dates Attended: From: To:		Major/Minor Course of Study		Did you graduate?	Date							
High School:															
College/University:															
Other Schools/Training:															
Computer Software Experience: <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Access <input type="checkbox"/> PowerPoint <input type="checkbox"/> Web Design															
Certifications or licenses required for this position:															
Type	Issued by		Date issued		Expiration Date		No.								
Do you speak, read, or write any other language other than English? N <input type="checkbox"/> Y <input type="checkbox"/> Language:															

Work Experience

Beginning with the present or most recent and working backward, please list all positions held which are necessary for determining your eligibility for employment. Clearly describe the work (duties) you personally performed. (Attach additional sheets if necessary, using the same format.)

Official Job Title:		Company Name:		Type of Business:	
Title of Immediate Supervisor:			Business Address/phone number:		
Employed from: (mo) (yr)		To: (mo) (yr)		Salary/wage: \$ per	
Number & titles of employees supervised by you:			Reason for leaving:		
Duties:					

Applicant Name: _____

Official Job Title:	Company Name:	Type of Business:
Title of Immediate Supervisor:		Business Address/phone number:
Employed from: (mo) (yr)	To: (mo) (yr)	Salary/wage: \$ per
Number & titles of employees supervised by you:		Reason for leaving:
Duties:		

May we contact your present employer? ☐ Yes ☐ No If answer is "no" please explain:

Have you ever been **CONVICTED** of an offense against criminal or military law, or are there criminal charges currently pending against you? (Exclude minor traffic violations or any case settled in juvenile court or under a youthful offender law.)

Yes ☐ No ☐

If "YES", please attach a detailed explanation about the nature of the conviction, degree of rehabilitation and time since release.

SPECIAL NOTE: You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to CGS 46b-146, 54-76o, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. 46-146), an adjudication as an youthful offender (C.G.S. 54-76o), a criminal charge that has been dismissed or knolled, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon. (C.G.S. 54-142a)

In order to meet State and Federal reporting requirements, we are requesting that you voluntarily supply the following information. This data will not be considered in the evaluation of your application.

GENDER: ☐ M ☐ F

RACE: ☐ White ☐ Black ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian OR Alaskan Native

I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information, are subject to verification as a condition of employment.

Signature: _____ Date: _____

OFFICE USE ONLY

JOB LOCATION: _____ POSITION: _____ DATE INTERVIEWED: _____

HIRED: ☐ Yes ☐ No - If no, reason (check one)

☐ A-Education inadequate

☐ B-Experience inadequate

☐ C-Special requirements not met

☐ D-Failure to respond or keep appointment

☐ E-Communication skills inadequate

☐ F-References

☐ G-Salary demands, unable to meet

☐ H-Other

NAME OF INTERVIEWER: _____ TITLE: _____